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ABSTRACT

This document outlines a system for planning recreation therapy, documenting progress, and relating the entire process to a team approach which includes patient assessment and involvement. The recreation program is seen as therapeutic, closely related to the total medical treatment program. The model is designed so that it can be adapted to almost any health care setting where the value of recreational activities in patient treatment is recognized. It includes six steps: (1) initial patient interview; (2) patient recreation needs assessment; (3) evaluation of medical data; (4) problem identification; (5) goal identification; and (6) progress documents. Sample inventory and assessment sheets are included. (Author/BP)

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PATIENT ACTIVITIES PLANNING AND PROGRESS NOTING
A HUMANISTIC INTEGRATED - TEAM APPROACH

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PATIENT ACTIVITIES PLANNING AND PROGRESS NOTING
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INTRODUCTION: Recreation therapy is recognized by most people in a medical setting as making a valued contribution to the therapeutic effort. In many health care settings, (nursing homes, state hospitals, etc.) two types of recreation programs exist: One is directed at improving the quality of life within the institution for the patient, or making his or her stay more enjoyable. The other type of recreation program is more therapeutic, more closely related to the medical and/or total treatment program. While the first type is utilized in some cases by the recreation therapist, it is not of concern in this document. Rather, this document is concerned with outlining a system for planning recreation therapy, documenting progress and relating the entire process to a team approach which includes patient assessment and involvement.

HUMANISTIC APPROACH: Humanism is more than a philosophy; it is a way of life, a belief and philosophy that emphasize mutual respect and recognize human interdependence. The humanistic approach aims at the development of the highest potential of the individual. The recreation therapy field is moving toward this approach by including an approach which transfers the responsibility, for leisure, choice, decision and behavior to the individual patient. In essence, an interaction between the patient and members of the treatment team, provide the opportunity for the humanistic appraoch. It acknowledges the right and freedom of the patient as an individual.

TEAM APPROACH: A treatment team may include the physician, nurse, physical therapist, social workers, dietician, pharmacist, and recreation program for patients. After a review of the patient history generally a patient interview is completed by the treatment team.

Only a few of the goals evaluated by the treatment team are related to recreation therapy. The recreation therapist assists in identifying problems, identifying goals, and maintaining progress notes. Discharge, planning, and rehabilitation potential should be assessed upon admission and regularly thereafter. Before any person can be involved in the recreation program, the physician's approval must be secured.

In a medical or health care facility the recreation therapist should realize the necessity of developing individual therapeutic recreation plans and a system for noting patient progress. It is easy to get caught up in a system which involves doing a great deal of paperwork, which yields very little significant data. It is the purpose of this paper to present a model for developing patient activities as a part of the overall patient treatment plan as well as a system for documenting patient progress. The model is designed so that it can be adapted to almost any health care setting where there is a realization of the value and committment to utilizing recreation activities in patient treatment. The model includes the following steps: The initial patient interview, patient recreation needs assessment, evaluation of medical data, problem identification, goal identification, and progress documents.

PATIENT INTERVIEW: The main purpose of the initial patient interview is to develop a basis for communication. No form is included in the model for writing comments about the initial patient interview. Interviews should be short; 30-45 minutes, allowing ample time for the patient to talk. This interview should not be tape recorded or written down, rather the recreation therapist should take time following the interview to record any ideas gained or observations made. The initial interview is vital to the future planning of activities because a basis for communication and mutual respect is developed during this time. If the patient does not communicate, attempt to identify "things" (family pictures, craft projects, house plants) in the

immediate area of the patient to utilize as a spring board for additional communication. The recreation therapist should avoid filling the role of interrogator.

PATIENT RECREATION NEEDS AND INTEREST ASSESSMENT: (Attachment 1) The recreation needs and assessment is designed to gain recreation planning data for both the individual patient and the recreation program designed to meet the needs of the total group. The Modified Leisure Interest Inventory is designed to be completed through an interview with the patient, offers the opportunity to respond in three different ways to 55 questions. The questions have been designed to assess potential interest in eight different areas of recreation therapy. While each question is important, more vital is what the patient response indicates as far as interest in one of the eight areas. The scoring sheet systematically categorizes the information from the inventory and renders it more usable in the total planning process. (For example: If a patient indicates a strong interest in cultural activities most likely some activities not included on the questionnaire could be identified which would be of interest to the patient because he or she has strong general interest in cultural activities)

The questionnaire should be administered within two weeks of the admission date. Where rehabilitation potential is indicated more attention should be given to developing interests which could be pursued in the environment where the patient will be discharged. Special attention should be given to community and private resources, public transportation, economic capacity of the patient to pursue activities, etc. By careful analysis of rehabilitation potential recreation therapy can be an integral part of discharge plan early in the patient's treatment.

CHART ASSESSMENT: The patient's charts reveals many "bits" of information which assist the recreation therapist in planning activities. Physician's notes, nurses' notes, the social history and admission records offer information regarding the patient's previous background and medical history. Records from previous facilities, especially veterans hospitals may also offer some insite. Attachment 2 is a form which can be utilized to systematically record and evaluate the information.

If the recreation therapist has easy access to charts he or she may not need to record all of the information on the form. The form is offered to expedite the planning process rather than increase the amount of paperwork already facing the recreation therapist.

PROBLEM IDENTIFICATION: Utilizing the information gained from the three previous sources the recreation therapist identifies a problem unique to each patient. Attachment 3 is a check list which includes most problems. After identifying the problem the recreation therapist should seek a medical opinion regarding its appropriateness.

When possible, it is desirable to utilize a treatment team approach where the recreation therapist identifies a problem and goal which become part of a total treatment plan evaluated by the treatment team and includes at least one patient interview. The humanistic approach incorporates patient involvement in the planning process whenever and wherever possible and practicable.

GOAL IDENTIFICATION - THE CARE PLAN: Once the problem has been identified and evaluated by the recreation therapist and/or treatment team the next step involves developing a plan of action. The plan of action or goal should be stated in measurable terms. If the goal is longe range in nature, more immediate goals which can possibly be achieved in the near

future should be written. Goals need to be written in such a way that the patient can see and experience progress regularly. Goals should be developed utilizing input from the patient and to be scrutinized by the treatment team for reliability. Attachment 4 provides a list of 17 goals which are closely related or an extension of the problems identified in Attachment 3. Also included in the care plan (Attachment 4) is space to indicate the type of activity and amount of supervision needed. The goals listed on the care plan can be expanded to be more measurable or evaluated. However, in most cases the goal should be adequate as stated.

PROGRESS NOTES: Progress notes are a documentation of accomplishments the recreation therapist is working with the patient. Many forms have been utilized to complete this process. Some forms require daily review and writing. In this case the recreation therapist spends more time with cumbersome, frustrating paperwork than he or she does working with the patient.

Attachment 5 provides a summary progress note form. The diagnosis and overall goal are included in the progress notes form. The problem is identified, described and the goal is stated. The fourth colymn provides an opportunity to record progress notes. All goals and progress notes should be reviewed quarterly. In some cases where no progress is made, or the patient cannot participate in the activities program, the recreation therapist should document a monthly "therapeutic visit" to monitor the status of the patient to see if there are changes which might make it possible, for the patient to participate in recreation therapy.

SUMMARY: The information contained in the proceeding model is not the only way to plan and document recreation therapy programs. It does present one systematic approach utilizing an integrated team of specialists working with the patient (humanistic approach) to establish viable goals which will help the patient work toward or realize his optimum potential as a human being. The team of specialists provides data to the patient which he or she can utilize in developing rational goals in liason with the treatment team.

ATTACHMENT 1

Recreation Needs and Interest Assessment

MODIFIED LEISURE INTEREST INVENTORY

NAME_____ DATE_____

How Old Are You? _____ Date of Birth _____

Do You Participate in Activities? _____

The Modified Leisure Interest Inventory is designed to identify leisure interests and to help develop interest in closely related areas. The instrument is designed specifically for residents of long-term care facilities (nursing homes). The findings will help channel the patient into recreation therapy and assist in the development of reality orientation programs. Data gained from individual instruments can be utilized to evaluate the recreation therapy program as it meets the needs collectively of the patients in a particular facility.

DIRECTIONS: The following statements represent various leisure activities in which people generally participate. Some will be of interest and others will not. Read each statement carefully and indicate your preference by using the ranking system below....or....if you desire the interviewer can read each statement and mark your preference as indicated by your response.

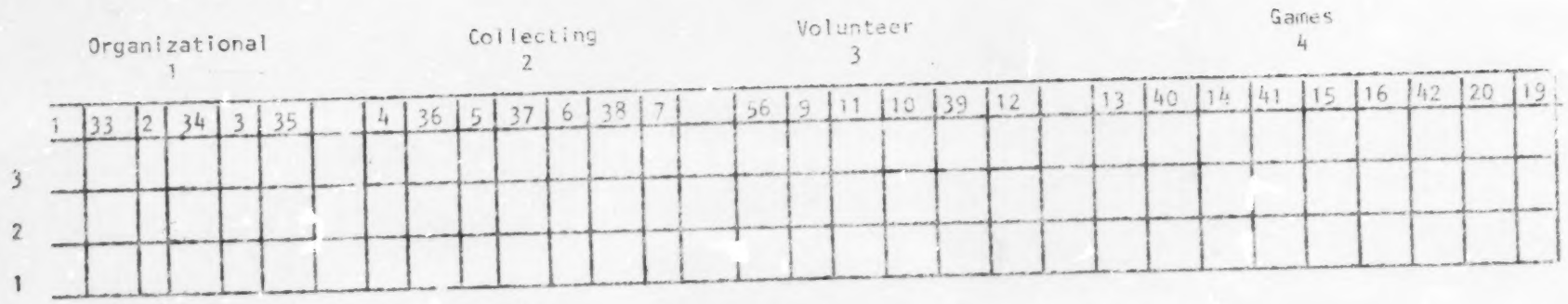
3 - Like; 2 - Uncertain; 1 - Dislike

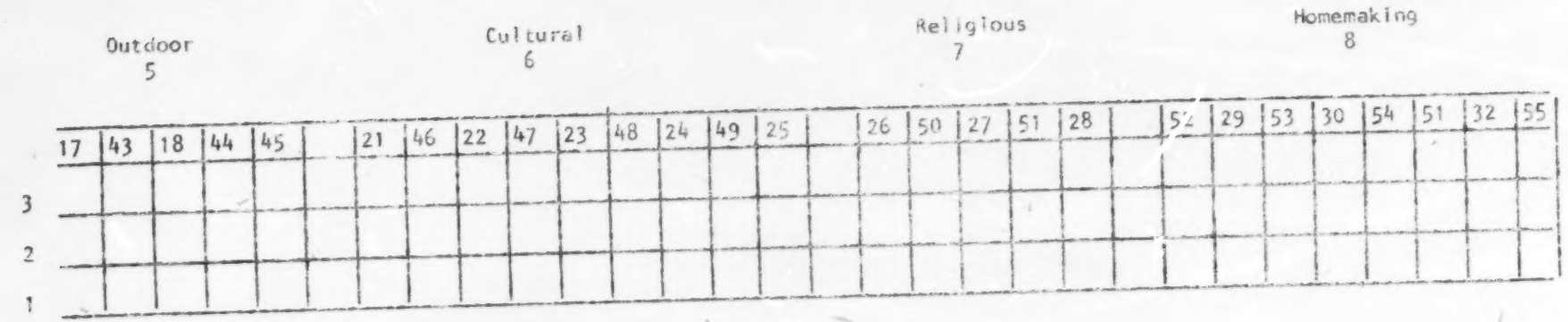
MODIFIED LEISURE INTEREST INVENTORY	1	2	3
1. Being a member of an art or music appreciation group (1)	____	____	____
2. Belonging to a political group (1)	____	____	____
3. Participate in discussion groups (1)	____	____	____
4. To collect wooden art objects (2)	____	____	____
5. Collecting dolls (2)	____	____	____
6. To collect most any kind of interesting glass object (2)	____	____	____
7. Collecting coins (2)	____	____	____
8. Giving help to people who need it (3)	____	____	____
9. To be bale to lead people (3)	____	____	____
10. Public speaking(3)	____	____	____
11. Designing a program for a special holiday or event (3)	____	____	____
12. To be a volunteer recreation leader (3)	____	____	____
13. Games such as shuffleboard, pool, etc.(4)	____	____	____
14. To pitch bean bags (4)	____	____	____
15. Playing pass the hot potatoes (4)	____	____	____
16. To trap or skeet shooting (4)	____	____	____
17. To camp as often as possible (5)	____	____	____
18. To pick wild asparagus (5)	____	____	____
19. Games such as scrabble, bingo, jeopardy, etc. (4)	____	____	____

P. 2	1	2	3
20. Playing dominoes (4)	____	____	____
21. To know about ceramics (6)	____	____	____
22. Write a play (6)	____	____	____
23. To go to a play (6)	____	____	____
24. To do various types of arts and crafts (6)	____	____	____
25. Finger painting (6)	____	____	____
26. Leading a church service (7)	____	____	____
27. Doing work for a church group (7)	____	____	____
28. Leading or participating in a devotional service (7)	____	____	____
29. Sausage making (8)	____	____	____
30. To decorate cakes (8)	____	____	____
31. To arrange flowers (8)	____	____	____
32. To do minor repair work (8)	____	____	____
33. Being a member of the Golden Age Club (1)	____	____	____
34. Belonging to a gourmet food or wine tasting club (1)	____	____	____
35. To be in a group that discusses, records, programs, etc. (1)	____	____	____
36. To collect matchbook covers (2)	____	____	____
37. To collect paintings, drawings, etc. (2)	____	____	____
38. Collecting old ceramic dishes (2)	____	____	____

P. 3		1	2	3
39.	To help with a newspaper or newsletter (3)	____	____	____
40.	To pitch horseshoes (4)	____	____	____
41.	Musical chairs (4)	____	____	____
42.	Being in a volleyball game (4)	____	____	____
43.	Hiking through parks and woods (5)	____	____	____
44.	Combing the beaches for objects (5)	____	____	____
45.	To go fishing (5)	____	____	____
46.	To design clothes (6)	____	____	____
47.	Singing (6)	____	____	____
48.	Write a poem (6)	____	____	____
49.	To attend travel films or slide shows (6)	____	____	____
50.	Being a member of a church social group (7)	____	____	____
51.	Reading about and discussing religion (7)	____	____	____
52.	To learn how to cook ethnic foods (8)	____	____	____
53.	Cake and pie making (8)	____	____	____
54.	Making jellies and jams (8)	____	____	____
55.	To paint walls (8)	____	____	____

MODIFIED LEISURE INTEREST FINDINGS





ATTACHMENT 2

Recreation Therapy

RECREATION THERAPY

DATA BASE II

PATIENT_____ ROOM_____ DATE_____ M.D._____

M.D. APPROVAL FOR PARTICIPATION IN ACTIVITIES YES_____ NO_____

M.D. NOTES _____

_____

PHYSICAL STATUS:

PRECAUTIONS:

FUNCTIONAL STATUS:	LOW	FAIR	NORMAL
Strength			
Dexterity			
Right			
Left			
Ambulation			
Endurance			
Concentration			
Attention span			
Memory			

PSYCHOLOGICAL STATUS:

Confused	
Aware of surroundings	
Depressed	
Resigned	
Accepting	
Adjusting	
Cooperative	

COMMUNICATION	ORAL			WRITTEN			GESTURES		
	poor	fair	good	poor	fair	good	poor	fair	good
Receptive									
Expressive									

ATTACHMENT 3

Patient Problem List

RECREATION THERAPY

PATIENT PROBLEM LIST

#1 Neuro-incoordination-
Inability to perform craft/sport activity in standard way

#2 Weakness - Poor endurance
Standing/sitting tolerance not adequate for period of time required for participation in preferred leisure pursuits

#3 Perception
#4 Cognition -
Inability to understand/follow directions or steps to a process or purpose of an activity

#5 Hearing -
Inadequate for participation in (1) social conversation (2) interaction of others (3) enjoyment of lectures, concerts, etc.

#6 Vision -
Inadequate for patticipation in desired leisure pursuits without adaptive means (outside of glasses) (i.e., cannot read receipts, novels, craft instructions)

#7 Communication -
Communication skills or language barrier limiting participation in group activity/interaction

#8 Mobility -
Involvement in community leisure pursuits due to mobility

#9 Pain -
Inability to participate in leisure pursuits due to pain interference

#10 Adjustment -
To disability - self worth/self esteem
willingnto explore leisure opportunities appropriate to remaining abilities
To facility -
unwillingness to participate in total rehabilitation process including recreation

#11 Family/Home -
Difficulty with patient's family acceptance of limits
Ability of family/pt. to pursue appropriate leisure pursuits within building
Need leisure counseling for post-discharge pursuits

#12 Vocational/Education - Avocational
Motivation to resume
Resistance to investigate alternatives

#13 Other -
Little or no previous well established leisure time pursuits, therefore requires leisure planning assistance
Decreased independence in leisure planning

ATTACHMENT 4

Care Plan

RECREATION THERAPY

CARE PLAN

PATIENT_____ ROOM_____ DATE_____ M.D._____

____ 1. Social stimulator

____ 2. Develop interpersonal relations

____ 3. Enhance adjustment to
a. disability
b. limitations
c. confinement

____ 4. Re-entry into social/recreational activities of the community

____ 5. Improve self-image

____ 6. Improve self-esteem, self-worth

____ 7. Encourage independence

____ 8. Intellectual stimulation

____ 9. Physical activity

____10. Develop skills for satisfying use of leisure time

____11. Productive activity

____12. Build tolerance

____13. Build endurance

____14. Increase attention span

____15. Encourage bilateral action

____16. Improve motivation

____17. Reality orientation

____18. Other

TYPES OF ACTIVITY	AMOUNT OF SUPERVISION	SCHEDULE
____1. Bedside	____1. Independent	____1. To be scheduled
____2. Limited group	____2. Minimal	____2.
____3. Social	____3. Moderate	
____4. Work/craft	____4. Maximum	
____5. No limit		

ATTACHMENT 5

Progress Note Form

PROGRESS NOTE FORM

PATIENT'S NAME _____

DATE _____ FLOOR _____

DIAGNOSIS:

OVERALL GOAL:

PROBLEM LIST

PROBLEM	DESCRIPTION	GOAL	DATE RESOLVED OR PROGRESS MADE